

Small Business Waste Program (SBWP)

at the Hazardous Products Center (HPC)

6770 E. Landfill Road

Flagstaff, AZ 86004

Phone: (928) 527-9005

Fax: (928) 527-1637



Generator Certification

I hereby certify that the business listed below meets the criteria to qualify as a Conditionally Exempt Small Quantity Generator (CESQG) and that the business may only participate in the City of Flagstaff's voluntary Small Business Waste Program at the HPC so long as it qualifies as a CESQG. Additionally, I hereby declare that the contents of the waste consignments agreed upon shall be classified, segregated, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable regulation of the Department of Transportation (DOT).

I have also reviewed the SBWP guidelines and understand there will be costs associated with business waste disposal in addition to the annual registration fee. I understand that any adjustments and final billing will be determined upon completion of processing all waste. Finally, a copy of this document and any supporting paperwork will be kept in the generating CESQG files for regulatory review and hazardous compliance monitoring for a minimum of 3 years.

By signing below, I certify that I have authority to make these statements on behalf of my business/firm and/or organization.

Generator Name: _____

Email: _____

Contact Person: _____

Contact Title: _____

Physical Address: _____

City & Zip: _____

Mailing/Billing Address: _____

City & Zip: _____

Telephone/Contact #: _____

Fax: _____

Emergency Contact: _____

**24 hr Emergency
Phone Number:** _____

If in the event an emergency occurs before or during your appointment, or your business is not timely for their appointment due to an unforeseen circumstance, an alternate/emergency contact person and phone number are required for immediate assistance or verification.

Signature/Date: _____

Name (print): _____

For Official Use Only, please do not write in area below

Registration Renewal Date: _____

SBWP Customer #/CoF Customer ID #: _____